

57341

① Manifest Number 015-001832

GENERATOR	(Generator Must Complete)
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④ **Alternate TSD Facility**

SFUND RECORDS CTR
999000869

Name RETURN
EPA NO.

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Address _____
City, State, Zip _____

5	U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA ID NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS NUMBER:
	WASTE					TYPE: <input type="checkbox"/> DRUMS <input type="checkbox"/> BAGS <input type="checkbox"/> CARTONS
	WASTE					<input checked="" type="checkbox"/> TANK TRUCK <input type="checkbox"/> DUMP TRUCK
						<input type="checkbox"/> OTHER

(6) WASTE CATEGORY: <u>#7</u> LIST COMPONENTS: (9) A. _____ B. _____ C. _____ D. _____	(7) EX. HAZ. WASTE PERMIT NO. CONC. UPPER RANGE LOWER UNITS <input type="checkbox"/> % <input type="checkbox"/> ppm <input type="checkbox"/> % <input type="checkbox"/> ppm <input type="checkbox"/> % <input type="checkbox"/> ppm <input type="checkbox"/> % <input type="checkbox"/> ppm	(8) GENERATING PROCESS: <u>FABRICATOR</u> CONC. UPPER RANGE LOWER UNITS <input type="checkbox"/> % <input type="checkbox"/> ppm <input type="checkbox"/> % <input type="checkbox"/> ppm <input type="checkbox"/> % <input type="checkbox"/> ppm Non Hazardous Material <u>100</u> %	(10) WASTE PROPERTIES: pH <u>7</u> <input type="checkbox"/> Toxic <input type="checkbox"/> Flammable <input type="checkbox"/> Corrosive/Irritant <input type="checkbox"/> Reactive <input type="checkbox"/> Sensitizer <input type="checkbox"/> Carcinogen/Mutagen (11) PHYSICAL STATE: <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Sludge <input type="checkbox"/> Slurry <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Other <u>ALUMINUM OXIDES / WATER</u> (12) SPECIAL HANDLING INSTRUCTIONS: <input type="checkbox"/> Gloves <input type="checkbox"/> Goggles <input type="checkbox"/> Respirator <input type="checkbox"/> Other _____
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GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.

**IN THE EVENT OF A SPILL, CONTACT THE NATIONAL
RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802**

(13) K. J. [Signature]
Signature of Authorized Agent and Title

2-13-51
Date Shipped

TRANSPORTER (HAULER MUST COMPLETE)

(14) NAME **ASBURY OIL CO.**
EPA NO. **CAD028277036**
ADDRESS **13419 Halldale Avenue** PHONE NO. **(213) 321-1392**
CITY, STATE, ZIP **Gardena, California 90249**

(15) PICK-UP DATE 2-13-81
 TIME 6:00 ☐ AM ☒ PM
 _____ 2-13-81 Date

TSD FACILITY (FACILITY OPERATOR MUST COMPLETE)

(17) NAME OPERATING INC. 18 QUANTITY (If Measured) 100
EPA NO. CATT080612624 19 STATE FEE (If Any)
PHONE NO.

21) HANDLING OR DISPOSAL METHOD: 2

☐ Surface Impoundment ☒ Landfill

☐ Injection Well ☐ Land Treatment

☐ Treatment (Specify) _____

☐ Recovery or Reuse ☐ Storage/Transfer

(20) INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT:

IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY

[illegible]

(23) _____
Signature of Authorized Agent and Title

2-13-8
Date Accepted

ORIGINAL